

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2012
 Fill in circle if amendment ☒
 Report Period: ☐ January/June ☒ July/December
 Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both
 Client Filing Fee Check Number: Cr Card Auth Code: 245246

FOR OFFICE USE ONLY

RECEIVED JAN 22 2013

II Client Information

Name: Northern Metropolitan Hospital Association
 Permanent Business Address: 400 Stony Brook Court
 City: Newburgh State: NY ZIP code: 12550
 Business Phone: (845) 562-7520 Fax Number: (845) 562-0187
 Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated
 Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both
 Name: Northern Metropolitan Hospital Association Phone Number: (845) 562-7520
 Address: 400 Stony Brook Court
 City: Newburgh State: NY ZIP code: 12550
 Compensation for current period: \$0 .00

B Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated
 Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both
 Name: Wilson Elser Moskowitz Edelman & Dicker, LLP Phone Number: (518) 449-8893
 Address: 677 Broadway
 City: Albany State: NY ZIP code: 12207
 Compensation for current period: \$75000 .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated
 Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both
 Name: Phone Number:
 Address:
 City: State: ZIP code:
 Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$75000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A	Report in the aggregate all expenses less than or equal to \$75:	\$ 10	.00
B	Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
C Itemize each expense exceeding \$75:			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
<input type="radio"/> Continued on attached pages			
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.			
D	Total expenses for current period:	\$10 .00	(if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: Benedictine Hospital
or
Single Source Person's Last Name: First Name:

Address: 105 Mary's Avenue
City: Kingston State: NY ZIP code: 12401
Phone: (845) 338-2500

Date Contribution Received:	12 / 31 / 2012	Amount of Contribution: \$ 1540	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2

Single Source Entity's Name: Blythedale Children's Hospital
or
Single Source Person's Last Name: First Name:

Address: Bradhurst Avenue
City: Valhalla State: NY ZIP code: 10595
Phone: (914) 592-7555

Date Contribution Received:	12 / 31 / 2012	Amount of Contribution: \$ 920	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Bon Secours Community Hospital

or
Single Source Person's Last Name:

First Name:

Address: 160 East Main Street

State: NY

ZIP code: 12771

City: Port Jervis

Phone: (845) 858-7000

Date Contribution Received:	12 / 31 / 2012	Amount of Contribution: \$1614	.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 4

Single Source Entity's Name: Burke Rehabilitation Hospital

or
Single Source Person's Last Name:

First Name:

Address: 785 Mamaroneck Avenue

State: NY

ZIP code: 10605

City: White Plains

Phone: (914) 597-2500

Date Contribution Received:	12 / 31 / 2012	Amount of Contribution: \$ 515	.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 5

Single Source Entity's Name: Catskill Regional Medical Center

or
Single Source Person's Last Name:

First Name:

Address: 68 Harris-Bushville Road

State: NY

ZIP code: 12742

City: Harris

Phone: (845) 794-3300

Date Contribution Received:	12 / 31 / 2012	Amount of Contribution: \$1958	.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Date Contribution Received:	/ /	Amount of Contribution: \$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 6

Single Source Entity's Name: Ellenville Regional Hospital

or
Single Source Person's Last Name:

First Name:

Address: 10 Healthy Way

City: Ellenville

State: NY

ZIP code: 12428

Phone: (845) 647-6400

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$785 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐**Contributions from Single Source # 7**

Single Source Entity's Name: Good Samaritan Hospital

or
Single Source Person's Last Name:

First Name:

Address: 255 Lafayette Avenue

City: Suffern

State: NY

ZIP code: 10901

Phone: (845) 368-5000

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$5396 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐**Contributions from Single Source # 8**

Single Source Entity's Name: Helen Hayes Hospital

or
Single Source Person's Last Name:

First Name:

Address: Route 9W

City: West Haverstraw

State: NY

ZIP code: 10993

Phone: (845) 786-4000

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$785 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 9

Single Source Entity's Name: Hudson Valley Hospital Center

or

Single Source Person's Last Name:

First Name:

Address: 1980 Crompond Road

City: Cortlandt Manor

State: NY

ZIP code: 10567

Phone: (914) 737-9000

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$2384 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 10**

Single Source Entity's Name: The Kingston Hospital

or

Single Source Person's Last Name:

First Name:

Address: 396 Broadway

City: Kingston

State: NY

ZIP code: 12401

Phone: (845) 331-3131

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$ 1973 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 11**

Single Source Entity's Name: Lawrence Hospital Center

or

Single Source Person's Last Name:

First Name:

Address: 55 Palmer Avenue

City: Bronxville

State: NY

ZIP code: 10708

Phone: (914) 787-1000

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$3194 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 12

Single Source Entity's Name: The Mount Vernon Hospital

or

Single Source Person's Last Name:

First Name:

Address: 12 North Seventh Avenue

State: NY

ZIP code: 10550

City: Mount Vernon

Phone: (914) 664-8000

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$1661 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 13**

Single Source Entity's Name: Northern Dutchess Hospital

or

Single Source Person's Last Name:

First Name:

Address: 6511 Springbrook Avenue

State: NY

ZIP code: 12572

City: Rhinebeck

Phone: (845) 876-3001

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$ 1148 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 14**

Single Source Entity's Name: Northern Westchester Hospital

or

Single Source Person's Last Name:

First Name:

Address: 400 Main Street

State: NY

ZIP code: 10549

City: Mount Kisco

Phone: (914) 666-1200

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$ 3813 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 15

Single Source Entity's Name: NY Presbyterian Hospital-Westchester Division

or
Single Source Person's Last Name:

First Name:

Address: 21 Bloomingdale Road

City: White Plains

State: NY

ZIP code: 10605

Phone: (914) 682-9100

Date Contribution Received:	12 / 31 / 2012	Amount of Contribution:	\$ 1910	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source # 16

Single Source Entity's Name: Orange Regional Medical Center

or
Single Source Person's Last Name:

First Name:

Address: 60 Prospect Avenue

City: Middletown

State: NY

ZIP code: 10940

Phone: (845) 695-5800

Date Contribution Received:	12 / 31 / 2012	Amount of Contribution:	\$ 6142	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

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Contributions from Single Source # 17

Single Source Entity's Name: Phelps Memorial Hospital Center

or
Single Source Person's Last Name:

First Name:

Address: 701 North Broadway

City: Sleepy Hollow

State: NY

ZIP code: 10591

Phone: (914) 366-3000

Date Contribution Received:	12 / 31 / 2012	Amount of Contribution:	\$ 3518	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #18

Single Source Entity's Name: Putnam Hospital Center

or

Single Source Person's Last Name:

First Name:

Address: 670 Stoneleigh Avenue

State: NY

ZIP code: 10512

City: Carmel

Phone: (845) 279-5711

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$2826 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐**Contributions from Single Source # 19**

Single Source Entity's Name: Sound Shore Medical Center of Westchester

or

Single Source Person's Last Name:

First Name:

Address: 16 Guion Place

State: NY

ZIP code: 10802

City: New Rochelle

Phone: (914) 632-5000

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$ 3020 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐**Contributions from Single Source # 20**

Single Source Entity's Name: Saint Anthony Community Hospital

or

Single Source Person's Last Name:

First Name:

Address: 15-19 Maple Avenue

State: NY

ZIP code: 10990

City: Warwick

Phone: (845) 986-2276

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$ 1029 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 21

Single Source Entity's Name: Saint Francis Hospital

or

Single Source Person's Last Name:

First Name:

Address: 35 North Road

City: Poughkeepsie

State: NY

ZIP code: 12601

Phone: (845) 471-2000

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$2959 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐**Contributions from Single Source # 22**

Single Source Entity's Name: Saint Joseph Medical Center

or

Single Source Person's Last Name:

First Name:

Address: 127 South Broadway

City: Yonkers

State: NY

ZIP code: 10701

Phone: (914) 378-7000

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$ 3241 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐**Contributions from Single Source # 23**

Single Source Entity's Name: Saint Luke's Cornwall Hospital

or

Single Source Person's Last Name:

First Name:

Address: 70 Dubois Street

City: Newburgh

State: NY

ZIP code: 12550

Phone: (845) 534-7711

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$ 3518 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 24

Single Source Entity's Name: Vassar Brothers Medical Center

or

Single Source Person's Last Name:

First Name:

Address: Reade Place

City: Poughkeepsie

State: NY

ZIP code: 12601

Phone: (845) 454-8500

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$6989 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐**Contributions from Single Source # 25**

Single Source Entity's Name: Westchester Medical Center

or

Single Source Person's Last Name:

First Name:

Address: 100 Woods Avenue

City: Valhalla

State: NY

ZIP code: 10595

Phone: (914) 493-7000

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$1790 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐**Contributions from Single Source # 26**

Single Source Entity's Name: White Plains Hospital

or

Single Source Person's Last Name:

First Name:

Address: Davis Avenue at East Post Road

City: White Plains

State: NY

ZIP code: 10601

Phone: (914) 681-0600

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$5432 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

VI Subjects lobbied:

Budget, Regulatory and Legislative Issues Pertaining to Healthcare and Hospitals.

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

New York State Executive and Legislative Branches of Government

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A659,A694,A2711,A2978,A4170,A4522,A4859,A5040,A5326,A5616,A5628,A6269,A6279,A6292A8193,A8457,A8460,A8514,A8579,S1798,S2871,S3296,S4509,S4826,S5278,S5285,S5596,S5652,S5800,S5849

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

None

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

None

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

None

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: 

DATE: 01/15/2013

PRINT NAME: LAST Dahill

FIRST Kevin

TITLE: President & CEO

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.